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Under the Paperwork Redwiction Act of 1995, no persons are required to respond to a collection of information unless it displays a velid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN SMALL ENTITY OR (Catumn 2) (Column 1) SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA RATE FEE RATE FEE BASIC FEE Q7 OFR 1,10(a)) :<u>395</u> 790 OR YOYAL CLAIMS (37 CFR 1.15(c)) × <u>25</u> . referens ZO • OR z 2<u>50</u> • INDEPENDENT CLAIMS (37 CFR 1.16(D)) efox 3 · x s<u>/DO</u> • к 1<u>400</u> в OR MULTIPLE DEPENDENT CLAM PRESENT (37 CFR 1,10(d)) +:160 -OR +:360. \* If the difference in column t is less than zero, enter "O" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN OR 1.19.06 (COLUMN 1) (Column 2) (Cotumn 3) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST ∢ NUMBER PREVIOUSLY REMAINING PRESENT ADOF-ADDI-TIONAL RATE ENT AFTER AMENDMENT EXTR TIONA PAID FOR FEE FEE Total £ . X S DO Independent (3) CFR 1,1803) Ninus 9 Ú x : 100. x , 200 . OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(0)) +1180 : +13602 OR TOTAL ADO'L FEE TOTAL OR ADD'L FEE (Column 1) (Column 2) (Cotumn 3) CLAIMS HIGHEST 8 REMAINING AD BARED PRESENT ADOI-TIONAL RATE ADOL-AFTER PREVIOUSLY TIONAL AMENDMENT PAID FOR FEE FEE Total • <u>ککم</u>: × x 150 = OR AMEN x . 100 . x : 400 = OR PRIST PRESENTATION OF MULTIPLE DEPENDENT CLASM (27 CFR 1.16(1)) +1180 . <u>• 360</u> -OB. TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ပ MUMBER PREVIOUSLY ADDI-TIONAL REMAINING PRESENT RATE RATE ARRIL AFTER ENDMENT TIONAL AMENOMENT PAID FOR FEE FEE Total p) cra i, iskup 2 Minus 0 x 1<u>25</u> x : 50 . OR Independent Q1 OFR 1.14Q4S Minus x : 200. x \$ 100 -OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR LISIN) + ,360. +:180= OR TOTAL ADD'L FEE OR ADD'L FEE

ADDL FEE OR ADDL FEE

\* If the entry in octums 1 is less than the entry in octums 2, write "0" in octums 2.

\*\*\* If the "Righest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\*\* If the "Righest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".

\*\*\*\* If the "Righest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The information is required to obtain or rotain a benefit by the public which is to file (and by the USPTO to process) an application, Confidentiatity is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to tate 12 minutes to complete including gallening, preparing, and submitting the completed application forms to the USPTO. This will vary deponding upon the Individual case, Any comments on the amount of time by our require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commission, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Petents, P.O. Box 1450, Alexandria, VA 22313-1450.